

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Forest Park Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Walnut Bottom Road Carlisle, PA 17013	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>33879</p> <p>Based on clinical record review, facility document review, and staff interviews, it was determined that the facility failed to provide transportation services to maintain highest practical level of health and well-being for one of 10 residents reviewed (Resident 5).</p> <p>Findings include:</p> <p>Review of Resident 5's clinical record revealed diagnoses that included peripheral vascular disease (disease process which results in decreased blood circulation to the extremities) and stage three chronic kidney disease (moderately impaired ability of the kidneys to filter toxins from the blood).</p> <p>Review of facility grievance form completed by Resident 5, dated July 8, 2024, revealed that Resident 5 submitted a grievance after the facility was unable to transport the Resident to a scheduled doctor appointment on July 2, 2024, and a scheduled surgical appointment on July 8, 2024.</p> <p>During a an interview with the DON on July 8, 2024, at approximately 11:10 AM, Resident 5 was scheduled to have pre-surgical vein mapping (non-invasive procedure in which ultra sound imaging is used to size, depth, and location of veins); however, the facility transportation van was identified as having no valid Pennsylvania Department of Transportation motor vehicle registration during a traffic stop on the day of July 2, 2024, thus, the vehicle could not be used to transport Resident 5 to her scheduled appointment.</p> <p>The DON then revealed that the facility was unable to transport Resident 5 to the July 8, 2024, scheduled procedure due to the facility transportation vehicle being inoperable and unable to start. The DON revealed that the facility was unable to deploy alternative transportation methods for Resident 5 and, subsequently, Resident 5's surgical appointment was rescheduled to July 11, 2024. The DON stated that the facility's maintenance personnel was able to return the facility transportation vehicle to operational status on July 8, 2024; however, it was too late for Resident 5 to be transported to the scheduled appointment.</p> <p>During a staff interview on July 10, 2024, the DON revealed it was the facility's expectations that the facility's transport vehicle would have a valid Pennsylvania Department of Transportation registration. Further, that the transportation vehicle would be in operational status for resident transportation to and from appointments.</p> <p>28 Pa code 201.18(b)(1)(3) Management</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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